

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552606

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/			/		
2		/				
3		/				
4		/		B		
5		/		B		
6		/		B		
7	/			/		
8		/		0		
9		/		/		
10		/		/		
11		/		0		
12		/		0		
13		/		0		
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50						
TOTAL IND.	2		1			
TOTAL DEP.	14		10			
TOTAL CLAIMS	16		11			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						